

HEALTHIER PEOPLE,
BETTER FUTURE



Heywood, Middleton
and Rochdale
Clinical Commissioning Group



ROCHDALE
BOROUGH COUNCIL

CLINICAL and PROFESSIONAL ADVISORY PANEL (CPAP)

Terms of Reference

November 2018



VERSION CONTROL

Version	Issued to:	Date	Comments
V0.1		June 2017	
V0.2	STC	Sept 2017	Revisions: <ul style="list-style-type: none"> • change from health and social care to health and care to ensure inclusion of public health • inclusion of public health/needs assessment throughout • include wider business plans not just the locality plan as areas of focus • all members have voting rights • quoracy updated to 50% of members including clinical/professional and non-clinical/non-professional members • Chair of CPAP to be member of ICB included in section 8 • Corporate sustainability updated to reflect business of CPAP
V0.3	STC	Dec 2017	Approved
V0.4	CGC	Dec 2017	Approved
V0.5	CPAP	June 2018	Amendments made to content and added to new template
V0.6	CPAP	June 2018	Revision: <ul style="list-style-type: none"> • Add Medicines Optimisation to membership. Approved
V0.7	CPAP	Oct 2018	Incorporates comments and decisions from CPAP workshop Sept 18
V0.8	CPAP	Oct 2018	Content amended following further review.
V0.9	CPAP	Nov 2018	Amended quoracy paragraph following feedback.

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1. Introduction

- 1.1 CPAP is established to support the Integrated Commissioning Directorate governance structure, which has been established to deliver the requirements of the Locality Plan and a clinically and financially sustainable health and social care economy across Rochdale Borough.
- 1.2 These terms of reference (ToR) set out the membership, remit responsibilities and reporting arrangements of the CPAP.
- 1.3 CPAP will operate as an advisory to the Integrated Commissioning Board
- 1.4 CPAP will be a system wide meeting bringing together a range of borough wide services to enable clear oversight of the delivery of commissioning and consequential provider intent

2. Purpose of the Committee

- 2.1 The purpose of the CPAP is to oversee all of the integrated commissioning business linked to the delivery of the Locality Plan and wider business plans of HMR CCG and RBC and ensure clinical and professional advice is provided across the health, public health and social care agenda.
- 2.2 The CPAP's key functions are:
 - Advisory: a forum that the partnership groups/boards, LEGs, finance, quality/safety, commissioning, ICB etc. can refer issues to for advice/opinion/steer from across the system.
 - Pathway and system design/redesign: lead and inform development of effective, safe and integrated pathways of care/support to inform commissioning intentions/arrangements for service delivery.
 - Ideas generation and innovation.
- 2.3 Members of the CPAP will conduct its business in accordance with national guidance and the Nolan principles of public life.
- 2.4 CPAP is an advisory but not decision making group.

3. Objectives of the Committee

- 3.1 The objectives of the CPAP are to:
 - Provide a forum to exchange views, knowledge and information on matters of mutual professional interest
 - Make recommendations/advice to the Integrated Commissioning Board and to the Partnership Boards in response to specific requests that have been made or to inform commissioning intentions and decisions
 - Make recommendations of clinical pathways/innovations that should be progressed to the business case stage.
 - Provide advice and clinical input to the development/delivery of QIPP

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4. Membership

- 4.1 Membership shall be inclusive across the system and relevant to the issues being discussed at each meeting.

There will be core membership to ensure continuity and smooth operation of the panel.

In addition there will be flexible membership to allow for most relevant clinicians/practitioners to attend dependent on item being discussed drawn from across the system (so the expertise in the room supports the agenda/discussion).

Members are not there to represent their organisation or their organisations interests (leaving 'lanyards at the door') but to provide expert opinion.

Core group membership will consist of:

- CCG Rochdale Locality Lead (Chair)
- RBC/CCG Associate Director of Integrated Commissioning
- CCG Commissioning Programme Consultant
- RBC Assistant Director Adult Care Support & Prevention
- RBC Director of Operations
- CCG Clinical Board Member(s)
- GPs
- Clinical Leads (for designated portfolios)
- CCG Finance Representative
- Lay Member
- CCG Executive Nurse
- CCG/RBC Director of Integrated Commissioning
- CCG Head of Primary Care
- Medicines Optimisation
- Public Health
- HealthWatch Rochdale
- Northern Care Alliance – Acute
- Northern Care Alliance – Community
- Pennine Care Foundation Trust
- Private Provider Sector
- Voluntary and Community Sector
- CCG/RBC Commissioning Managers

Fluid membership will include the Local Optometry Committee and Local Dental Committee.

5. Quoracy

- 5.1 The Chair will be clinical; the vice-chair will be a social care professional.
- 5.2 As this is an advisory panel, there is no specific requirement to be quorate; however, for a meaningful discussion to take place it is recommended that there is representation from the various organisations.

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6. Format of Meetings

- 6.1 The frequency of meetings will be monthly. Meetings will be held on the 1st Friday of every month. Extraordinary meetings may be called by the Chair, if required.
- 6.2 Meetings will be held in a workshop format to promote full and active participation
- 6.3 A summary of discussions will incorporate actions and will be made available to CPAP members.
- 6.3 All meetings will be scheduled in advance for the full year

7. Conflicts of Interest

- 7.1 An up to date register of members' interest will be maintained and retained.
- 7.2 Members of the CPAP shall comply with the requirements of the Codes and Protocols of their respective organisations.

8. Accountability

- 8.1 The CPAP will report in respect of the advice/recommendations to the Integrated Commissioning Board (ICB) and Governing Body and can accept agenda items from the ICB, Locality Engagement Groups, partnership boards and Local Care Organisation.
- 8.2 The CPAP will establish appropriate links with other relevant groups and committees within the new integrated governance, NE Sector and Greater Manchester Health and Social Care Partnership (GMHSCP) sub committees.
- 8.3 The panel will complete an annual self-assessment of effectiveness, which will inform the CCG's Annual Governance Statement.

9. Corporate Sustainability

- 9.1 As a healthcare commissioner, the CCG is committed to planning and buying health care on a sustainable basis, this committee will support the commitments of the HMR CCG Sustainable Development Management Strategy and Delivery Plan, wherever possible in;
1. Commissioning for Sustainability and Adaptation
 2. Being a Sustainable Organisation
 3. Promoting sustainability with member practices
 4. Delivering our commitments and Assessing our Performance
- 9.2 Commissioning for sustainable development in the health and care system means;
- Planning services which are efficient, effective and safe
 - Buying services which provide highest quality at best value, are safe and which have least impact on the environment
 - Avoiding duplication, inefficiency and waste
 - Focus on preventative, proactive care
 - Patients public engagement and involvement in planning and design of services
 - Building resilience, and protecting and developing community assets and strengths
 - Making the best use of all of the resources we have
 - Minimising carbon emissions

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10 Review Date

10.1 These Terms of Reference will be reviewed annually as a minimum.

11 Secretarial Support

11.1 Secretarial support will be provided to support the Chair in the management of the meeting's business and the collation and distribution of papers.

11.2 The agenda and papers for meetings shall be distributed a minimum of five working days prior to the meeting.

12 Conduct of Committee

12.1 The CPAP will agree a work programme at least six months in advance to allow engagement of relevant professionals for specific items/topics.

12.2 Items for the agenda and all relevant supporting papers should be submitted to the admin lead for approval by the Chair a minimum of 10 working days prior to the meeting where possible/if timings of other meetings allow.

12.3 All core members will be expected to attend 70% of meetings within the financial year or send an appropriate fully briefed.

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